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DEPT. OF ECOLOGY

State of Washington
Application for a Water Right
Please follow the attached instructions to avoid unnecessary
delays.

For Ecology Use

Fee Paid \$222.22

Date 1/12/07

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name City of Port Orchard Home Tel: () - NA
Mailing Address 216 Prospect Street Work Tel: (360) 876 - 4991
City Port Orchard State WA Zip+4 98366 + FAX: (360) 876 - 4980

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION
X Same as above

Name Maher Abed, P.E., Public Works Director Home Tel: () - NA
Email Address mabed@ci.port-orchard.wa.us Work Tel: () -
City State Zip+4 + FAX: () -
Relationship to applicant Public Works Director for the City of Port Orchard

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 1000 (☒ gallons per minute or
☐ cubic feet per second) from a ☐ surface water source or ☐ ground water source (check only one) for the purpose(s)
of MUNICIPAL WATER SUPPLY. ATTACH A "LEGAL"
DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not
sufficient.

Estimate a maximum annual quantity to be used in acre-feet per year: 1600

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From / / to / /

Section 4. WATER SOURCE

If SURFACE WATER					If GROUNDWATER			
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:					An additional permit is desired for <u>Well 10</u> .			
Number of diversions: <u> </u>								
Source flows into (name of body of water):					Size & depth of well(s): <u>10-inch diameter, 1,074 ft. deep</u>			
LOCATION								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: Well 10 is approximately 2,500 feet east and 200 feet south of the northwest corner of section 25.								
¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>NE 1/4</u>	<u>NW 1/4</u>	<u>25</u>	<u>24N</u>	<u>1E</u>	<u>Kitsap</u>			
For Ecology Use Date Received: <u>1/12/2007</u> Priority Date: <u>1/12/2007</u>								
SEPA: Exempt/Not Exempt FERC License # <u> </u> Dept. Of Health # <u> </u>								
Date Accepted As Complete <u>1/12/2007</u> By <u>MA</u> Date Returned <u> </u> By <u> </u> WRIA: <u>15</u>								

61-28476

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: City of Port Orchard Water System
- B. Briefly describe your proposed water system. (See instructions.)

The City of Port Orchard water system has a network of approximately 47 miles of water pipe, six active groundwater wells and six storage reservoirs that serve the majority of the City residents. A small portion of the City is served by Annapolis Water District, whose area lies east of Port Orchard and includes portions of the City's eastern potential annexation or urban growth area. An independent system referred to as McCormick Woods was constructed in the early 1990's to serve a residential community within 1300 acres known as McCormick Woods Planned Unit Development (PUD). Although the community is not within the City limits of Port Orchard, it is within the established water service and urban growth areas of the City. As such, the City of Port Orchard assumed the McCormick Woods Water Company in 1998 and continues to operate and maintain the system serving it. This system is supplied by three groundwater wells, three storage reservoirs, a network of six and eight inch distribution mains and a 16-inch transmission main from the supply site to a recently constructed 450,000 gallon reservoir. Approximately 11 miles of 6 and 8 inch pipe serve the McCormick Woods area.

- C. Do you already have any water rights or claims associated with this property or system? X YES ☐ NO
Approved waiting mitigation. Water Right Permit # G1-26119P

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION
(Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: 3750 Type of connection Municipal Users
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? X YES ☐ NO
If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department. This is the approved system

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? X YES ☐ NO
If yes, when was it approved? Pending. Copy attached.
- D. Do you have an approved conservation plan? X YES ☐ NO
If yes, when was it approved? Pending. Included in the Water Complan. Attached.,

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION
(Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: _____
- B. List total number of acres for other specified agricultural uses:
- | | |
|-----------|-------------|
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
- C. Total number of acres to be covered by this application: _____
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001)
Add up the acreage in which you have a controlling interest, including only:
- ‡ Acreage irrigated under water rights acquired after December 8, 1977;
 - ‡ Acreage proposed to be irrigated under this application;
 - ‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 6000 acres? ☐ YES ☐ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

If yes, enter permit no: _____

- E. Farm uses:
Stockwater - Total # of animals _____ Animal type _____ (If dairy cattle, see below)
Dairy - # Milking _____ # Non-milking _____

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? **Water Tanks only**

☐ YES ☒ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site: **From the Tacoma Narrows Bridge drive west on SR 16 to the Sedgwick Road Exit. Turn right onto Sedgwick Road and proceed 0.7 miles to Bethel Road SE and take a left. Proceed 2.5 miles on Bethel Road (which becomes Bethel Avenue after 1.7 miles) and turn right onto Bay Street. Proceed 0.4 miles on Bay Street to the well site which will be on the right side of the road. The Address is 1778 Bay Street at the right angle right turn at Mitchell Point just east of Port Orchard.**

Section 10. REQUIRED MAP

A. Attach a map of the project. **(See instructions.) MAP ATTACHED AT END OF THIS DOCUMENT**

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? ☐ YES ☒ NO
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

Service is to the City of Port Orchard and its water customers (technically not owned by the City)

B. Does the applicant own the land on which the water source is located? ☒ YES ☐ NO
If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Maher M. Abed
Applicant (or authorized representative)

1/8/07
Date

Same
Landowner for place of use (if same as applicant, write "same")

Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
_____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ _____ (date).	

Ecology staff _____ Date _____

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).

WELL 10 LOCATION MAP

